



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Alan & Marla Pluhar

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 27

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Anne Green

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6

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Student Name School Grade

Student Name School Grade

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HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Dallas Taylor

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 43

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Dennis Pluhar

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 42

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Regular Trans				
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Spec. Ed. Contin.				

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HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Dixie Ross

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 30

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 12

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	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
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Student Name School Grade

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HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Glen Beecher

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 35

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 10

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Students in Each Grade Level - Only include the students to be covered by this contract.

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HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Irma Laphilliph

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 4.8

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Joe & Sandy Gibson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____

Parent or Guardian Name: (Please Print)

Les & Jerri Thomas

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

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Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Margie Phipps

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 22

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 8

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
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Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Mike Losinski

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

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(If yes, please attach explanation)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Pohney Murion

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Rose M. Edwards

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 31

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 23

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

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Elementary School District	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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School Year 2005- 2006  
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Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

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Are you applying for isolation status? ☐ Yes ☐ No

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Scott Hill

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 35

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 8

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Zane Murion

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 18.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Jordan Elem	Garfield	0377
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Alroy Roufley

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 21

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5.3

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Jordan Elem	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Jordan Elem	Garfield	0377
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Carrie Murion

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 20

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 12

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Jordan Elem	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Jordan Elem	Garfield	0377
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Tommy L. Billing

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Jordan Elem	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Big Dry Creek Elem	Garfield	0380
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Colleen Phipps

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Big Dry Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Big Dry Creek Elem	Garfield	0380
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jeana Bliss

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **15** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **18** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Big Dry Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Big Dry Creek Elem	Garfield	0380
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tanna Rogge

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 15 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 11 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Big Dry Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Big Dry Creek Elem	Garfield	0380
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Walter & Angela Murray

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **20** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Big Dry Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Big Dry Creek Elem	Garfield	0380
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Zane Murion

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **15.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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Elementary School District Big Dry Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Van Norman Elem	Garfield	0382
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Brent McRae

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District Van Norman Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Van Norman Elem	Garfield	0382
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Monte Billing

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Van Norman Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Van Norman Elem	Garfield	0382
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sidney Bollinger

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 13 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
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Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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Elementary School District Van Norman Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Van Norman Elem	Garfield	0382
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

William E. Helm

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 13 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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Elementary School District Van Norman Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Van Norman Elem	Garfield	0382
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Robert Gibbs

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 31

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Van Norman Elem	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pine Grove Elem	Garfield	0385
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Angie Chamberlin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pine Grove Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pine Grove Elem	Garfield	0385
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Barbara Clark

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pine Grove Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pine Grove Elem	Garfield	0385
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tim & Dana Phipps

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **15.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Pine Grove Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pine Grove Elem	Garfield	0385
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Tammy Shawver

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pine Grove Elem	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kester Elem	Garfield	0386
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Terry Coldwell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **25** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kester Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Kester Elem	Garfield	0386
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Garfield County H S	Garfield	0378

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Deb Thomas

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Kester Elem	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>Benzien Elem</b>	<b>Garfield</b>	<b>0388</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Ronda Rogge**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **20** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Benzien Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>Benzien Elem</b>	<b>Garfield</b>	<b>0388</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
<b>Garfield County H S</b>	<b>Garfield</b>	<b>0378</b>

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

**Mark Johnson**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **40**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **29**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Benzien Elem	Chair, Board of Trustees	Date
High School District Garfield County H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>Sand Springs Elem</b>	<b>Garfield</b>	<b>0392</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Julie Woodard**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Sand Springs Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ross Elem	Garfield	0394
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Dianne J. Collins

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 13 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ross Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number